Effective October 1, 2003								09 902, 420				
				(Column 1)		(Column 2)		MALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							ŀſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OB	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		•		1	X\$ 9=	1	OR	1	
INDEPENDENT CLAIMS			minus 3 =					X43=		OR		-
٣	ULTIPLE DEPE	NDENT CLAIM F	RESENT				 	+145=	 			
•1	f the differenc	e in column 1 is	less than z	less than zero, enter "0" in colu				TOTAL	 	OR		
	CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	JOH	TOTAL OTHER	TUAN
_	9-28-05	(Column 1)		(Column 2) (Column			: :	SMALL	ENTITY	OR	SMALL	
DMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus		20			X\$ 9=		مما	X\$18-	
AME	Independent	1. 7	Minus	*** (1			X43=		OR	X86=	
L	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		!	+145=		OR	+290=	-
							L	TOTAL				
(Column 1) (Column 2) (Column 3)								DIT. FEE	L	Iou \	TOTAL VODIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		= .	[;	X\$ 9=		OR	X\$18=	,,,,,
AME	Ind pendent	ATATION OF M	Minus	ANA CNOCNE	0. 414.4	=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	
			• .				ADI	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)					•	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus -	44		=	· [>	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	1,	(43=		OR	X86=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OH												
• (* If the entry in column 1 is less than the entry in column 2 write 11 in column 3									OR	+290= TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR												
	riigirest (AUII)	and Freedously Pak		maependen	n; is the i	nig ne st n umbei	tound i	in the app	ropriate box	in colu	mn 1.	·]

Application or Docket Number